

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000231926

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2023 MAY 10 PM 12:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FL

JP
05/11/2023

**FLORIDA LIMITED LIABILITY CO.
SPECIALTY CARE RX, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 4/10/2023***

***PLEASE PROVIDE
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OF 4/10/2023***

Electronic Filing Menu

Corporate Filing Menu

Help

2023 APR 10 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



April 11, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SPECIALTY CARE RX, LLC
REF: W23000050573

***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 4/10/2023***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Christian L Tiffani
Regulatory Specialist II
New Filing Section

FAX Aud. #: H23000133454
Letter Number: 523A00008151

April 24, 2023

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

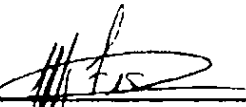
Re: Letter of Consent re: Specialty Care RX, LLC

Dear Sir/Madam:

As you know, Specialty Care RX, LLC (Document #L20000059834) (the "Dissolved LLC") filed Articles of Dissolution on February 24, 2023. This letter is to confirm that the Dissolved LLC does not plan to file a Revocation of Dissolution and is hereby releasing the entity name "Specialty Care RX, LLC" for use in a new filing. Specifically, Specialty Care RX, LLC (a new Florida limited liability company seeking to be organized pursuant to Article of Organization filed on or around April 10, 2023) has permission to use the name "Specialty Care RX, LLC" in connection with organizing in Florida.

Very truly yours,


Specialty Care RX, LLC, a dissolved Florida
limited liability company

By: 
Jeffrey Friedman, Manager
Authorized Person

State of Florida)
County of Volusia)

Signed and sworn to before me on May 10 2023 (date) by Jeffrey Friedman,
as Manager and Authorized Person of Specialty Care RX, LLC, a dissolved Florida limited
liability company.

(scal)


Notary Public



Laura Sheets
Notary Public
State of Florida
Comm# HH106649
Expires 7/13/2025

DocuSign Envelope ID: 19416B88-EC02-4B25-A924-5D185D09A113

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COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT:** Specialty Care RX, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dylan Warren

Name of Person

Polsinelli PC

Firm/Company

150 N Riverside Ste 3000

Address

Chicago, IL 60606

City/State and Zip Code

dwarren@polsinelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dylan Warren

at (312) 463-6389

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**Mailing Address**New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address**New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 323032023 APR 10 PM 4:18
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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Specialty Care RX, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Specialty Care RX, LLC4 Creek ParkwayBoothwyn, PA 19061**Mailing Address:**Specialty Care RX, LLC4 Creek ParkwayBoothwyn, PA 19061**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By: Laurel Bietoch

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRPentech Holdings, Inc.4 Creek ParkwayBoothwyn, PA 19061

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Jeffrey Baker

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeffrey Baker, Secretary of Pentech Holdings, Inc.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FL

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